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Bib Data Sheet

CONFIRMATION NO. 5596

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|---|---|-------------------------------|---|-----------------------------------|--------------------------------|
| SERIAL NUMBER 09/771,457 | FILING DATE 01/18/2001 RULE | CLASS 052 | GROUP ART UNIT 3635 | ATTORNEY DOCKET NO. 995 | |
| APPLICANTS Cathy D. Santa Cruz, Reno, NV; Gordon E. Churchward, Silver City, NV; | | | | | |
| ** CONTINUING DATA ***** <i>None</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/09/2001 ** SMALL ENTITY ** | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> Initials | | STATE OR COUNTRY NV | SHEETS DRAWING 9 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 1 |
| ADDRESS Cathy D. Santa Cruz 7630 Tholl Drive Reno, NV 89506 | | | | | |
| TITLE Vertical telescopic stage accessories device | | | | | |
| FILING FEE RECEIVED 355 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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| | | | | | | |
|--|---|---|---|-------------------------------|----------------------|----------------------------|
| SERIAL NUMBER 09/771,457 | FILING DATE 01/18/2001 RULE | CLASS 052 | GROUP ART UNIT 3637 | ATTORNEY DOCKET NO. 995 | | |
| APPLICANTS Cathy D. Santa Cruz, Reno, NV; Gordon E. Churchward, Silver City, NV; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>None</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/09/2001 | | | | | | |
| Foreign Priority claimed 35 USC 119 (a -d) conditions met Verified and Acknowledged | | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials | STATE OR COUNTRY NV | SHEETS DRAWING 9 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 1 |
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| TITLE Vertical telescopic stage accessories device | | | | | | |
| FILING FEE RECEIVED 481 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |